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AUTHOR Brown, Randel D.
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ABSTRACT

This study examined the perceptions of involved adults concerning sex education for individuals with intellectual disabilities. Participants were 40 individuals who provided direct care or instruction to individuals with intellectual disabilities or who had administrative responsibility for them. They completed a 36-item Q-sort that examined their opinions on the subject. Data analysis produced four belief systems: (1) normalization advocates, who were strong supporters of human rights for individuals with intellectual disabilities and believed in the importance of instructing them about sex and the moral implications of participating in sexual activities; (2) supporters of abstinence, who ardently supported sex education for individuals with intellectual disabilities to prevent possible abuse, who did not support sex outside of marriage, and who believed that this population could not successfully participate in marital relationships; (3) responsibility and control proponents, who strongly supported providing sex education to individuals with intellectual disabilities and offering extensive birth control measures; and (4) humanistic stalwarts, who were the strongest supporters of human rights for individuals with disabilities and contended that sex education, including birth control, is the right of all who can understand. They believed that individuals with intellectual disabilities should be allowed to participate in sexual activities and marriage with procreation if desired. (Contains 32 references.) (SM)

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# The Individual with Intellectual Disabilities and Sex Education: Perceptions of Involved Adults

Randel D. Brown
Texas A&M International University

paper presented at the
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Scientific Study of Human Subjectivity

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Abstract:

The purpose of this investigation was to describe the nature of the perceptions of involved adults concerning sex education for the individual with intellectual disabilities. Participants completed a Q sort with a concourse of 36 items. Annalysis produced four different beliefs systems. Normalization Advocates is the best description for factor A. The representative respondents in this factor can be described as strong supporters of human rights for the individuals with intellectual disabilities. Factor B is most appropriately titled Supporters of Abstinence. The typical respondent in this factor can be described as an ardent supporter of sex education for the individual with intellectual disabilities. The supporters of Abstinence believe this education to be important because it can protect people from possible abuse. Factor C respondents are clearly Responsibility and Control Proponents and most accurately described as such. Similar to factor B respondents factor C showed strong favoritism toward educating individuals with intellectual disabilities concerning sex. However, in contrast the Responsibility and Control Proponents, Factor C also supported extensive birth control measures, including sterilization procedures. Factor D respondents would embrace the name of Humanistic Stalwarts. They can be described as being the strongest supporters of human rights for the individual with intellectual disabilities. They contend sex education, including birth control methods, is the right of all who can understand. Furthermore, individuals with intellectual disabilities should be allowed to participate in sexual activities and marriage with procreation if desired.

# The Individual with Intellectual Disabilities and Sex Education: Perceptions of Involved Adults

The rights of individuals with disabilities within our society has been an important topic of discussion since the early 1990s. With the recent advent of inclusion, normalization and deinstitutionalization, along with the movement of this population into the mainstream of our communities, it has become apparent that we must address the rights of individuals with intellectual disabilities to make decisions regarding their sexual behavior with expediency. The individual with intellectual disabilities is a moral agent. As a human person, he or she has the responsibility of choice because he or she has the right of self-advocacy. This is a human right that can not be given by the state or other persons (Monat-Haller, 1986). And this right can not be abatrairly taken away without due process. This right, which for most of us is guaranteed by law and social norms, is often denied for the individual with intellectual disabilities. Fears and misconceptions have caused society, institutions, the courts, and other professionals to discriminate against this population.

The responsibility of giving birth to an individual with an intellectual disability is a consuming, exasperating experience. The process of understanding that this young individual will be limited in his learning abilities would be a difficult task for any parent to face. To then embrace the fact that this child will personally develop in many areas in the same manner as his nondisabled peers may be impossible for some. In particular, to accept that this child will develop in his or her sexuality may be implausible for most parents and society at large. Monat-Haller (1982, p. 18) emphasizes society's reaction by stating, "The expression of sexuality is inhibited, restricted, and defined by societal rules that do not readily recognize the mentally retarded population as having positive, responsible sexual development." The eventual outcome is that this child with mental disabilities finds himself in the precarious situation where no one is willing to deal with or recognize his developing sexuality.

The right of sexual expression for individuals with intellectual disabilities becomes the forefront of this debate. Sexual expression naturally extends itself to the rights of love, companionship, dating, birth control, and reproduction. Gordon (1971) indicates that the exceptional individual is not exceptional in his sexual impulses, but rather is repeatedly more like the norm than not. In addition, Smigielski and Steinmann (1981) imply that the individual with mental handicaps is subject to the same sexual stimuli as the rest of the population. And, like all

others, they are expected to respond appropriately to these natural impulses.

It becomes clear that parents and teachers who are charged with the care and nurturing of these special individuals must be ready to equip them with the necessary knowledge to cope with these instinctive needs. Furthermore, during the past two decades an even more powerful rationale for equipping this population has emerged. The epidemic of AIDS has led to the conclusion that any population that becomes sexually active is at risk for contracting this lethal disease. In 1990, the Centers for Disease Control estimated that 2.5 million persons in the United States were currently infected with the human immuno-deficiency virus (HIV). In research conducted by Marchette (1990), 11 state developmental agencies reported identifying multiple HIV positive mentally handicapped clients. It appears, in time, this disease will demonstrate its catastrophic effect on the population of individuals with intellectual disabilities. Understandably, embracing the sexuality of individuals with disabilities and assisting them in their own understanding of it will serve to enhance their lives and preserve their human rights. At the same time, it may serve to protect them from life threatening illness.

It seems unlikely, with these potential risk and benefits, that anyone would object to recognizing the developing sexuality of these individuals with disabilities or be opposed to providing appropriate training to enhance this aspect of there lives. Saunder (1979) has found that support of sex education for individuals with intellectual disabilities is evident for most staff members working in residential facilities for the developmentally disabled. Nearly one hundred percent of those surveyed favored sex education for individuals with intellectual disabilities. And ninety-five percent believed this education should include methods of birth control. In contrast, it has been shown that most parents of individuals with intellectual disabilities do not see their children as having sexual needs and desires (Watson 1980). Consequently, parents do not recognize the need for their offspring to receive sex education or training concerning the developing sexuality they will face. In addition, teachers of individuals with intellectual disabilities have also been reluctant to become involved in sex education, mainly because of their lack of confidence and uncertainty about available sex education materials (Smigielski & Steinmann, 1981).

In support of the positive effects of sex education for individuals with intellectual disabilities, Abramson, Parker, and Weisberg (1988) have reported several studies that indicate sex

education and discussions of sexuality are successful in increasing the knowledge of the individual with intellectual disabilities relative to sexual activity, contraception, reproduction, and personal hygiene. Furthermore, the contention that sex education effectively reduces the inappropriate sexual behavior of the individual with intellectual disabilities has been shown in many well constructed studies (Demetral, 1981; Green, 1983; Hamer-Nietupski & Ford, 1981; Zylla & Demetral, 1981).

The individual with intellectual disabilities is dependent throughout life upon those who provide his or her care and training. Since it is evident that the individual with intellectual disabilities will experience, at the least, sexual desires and more likely some type of sexual activity, it is imperative that we address this issue with openness and nonjudgment. Delp (1971) states that the problem is not that sexual activity is missing from the lives of the individuals with intellectual disabilities; it is adequate sex education that is evidently missing.

The past few years have demonstrated a drastic increase in the interaction of special education students and the classroom teacher, due mainly to the increased inclusion practiced in today's schools. It stands to reason that these teachers will share in the total educational experience of the student with intellectual disabilities. This may appropriately include sex education programming. Without doubt the special education teacher will acquire this responsibility in many situations as well.

Recognizing the need and eventuality of sex education for the individual with intellectual disabilities in our classrooms, it is important to considered the legal and moral implications of this instruction. For the purpose of this discussion it is important to define sexuality and sex education. What is sexuality? The Sex Information and Education Council of the U. S. has defined sexuality in the following way: "Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. It deals with the anatomy, physiology, and biochemistry of the sexual response systems; with roles, identity and personality; with individual thoughts, feelings, behaviors, and relationships. It addresses ethical, spiritual, and moral concerns, and group and cultural variation" (Haffner, 1990, P. 28). As evidenced by this definition sexuality encompasses a wide spectrum of human responses and with this complexity it seems obvious that sex education will cover multiple areas of normal human development.

What is sexuality training and what are its goals? Again the Sex Education and Information

Council has addressed this question and indicated that this education will include facts, data and information; feelings values, and attitudes; and the skills to communicate effectively and to make responsible decisions. The specific goals of sexuality training are to provide information, develop values, develop interpersonal skills, and to development responsibility (Haffner,1990).

The decision to provide sexuality training or not to provide said training, has legal implications that must be considered as well. Foremost of these implications is the clear mandates of The Individuals with Disabilities Education Act, P.L. 101-476 (formally known as The Education for All Sex Handicapped Children Act of 1975, P.L. 94-142). Briefly stated, this law provides for the free appropriate public education of children and youth with disabilities. In addition, the law stipulates that this education must be provided in the least restrictive environment and that children and youth must be granted the right to have access to all programs that are offered to the regular student population within the district. In short this act mandates that all handicapped children be educated with nonhandicapped children to the maximum extent possible; and this includes the education concerning sexuality. All public agencies that are recipients of federal funds under this law are obligated to provide services for their qualified students in accordance with these regulations (C.F.R. 1986).

The Full Education Opportunity Clause of this act mandates that individuals with intellectual disabilities have a right to access all programs that are offered to the regular student. With access granted, it must be determined to what extent the individual with intellectual disabilities will benefit from the program. The question must be addressed; Can the instructional program that is offered be modified for individuals with intellectual disabilities to ensure successful accomplishment of its intended goals? If the program can be modified in such a way, it must be implemented to grant full education opportunity to this population of students (C.F.R. 1986).

The concept of Least Restrict Environment encompasses the underling assumption that individuals with intellectual disabilities will be educated with their nonhandicapped peers to the greatest extent possible. If it is determined that the individual with intellectual disabilities can not benefit from this environment the public agency must document their efforts to accommodate the regular program to address the needs of the student. After extensive effort to modify the program it may be necessary to remove the individual with intellectual disabilities and educate him or her in a different setting. This removal does not alleviate the responsibility of offering any particular

program; the removal only allows the program to be offered in a different manner.

In addition to the mandates of The Individuals with Disabilities Education Act, the protection powers of Section 504 of the Rehabilitation Act of 1973 must also be considered. Section 504 forbids discrimination against individuals with disabilities in connection with any program or activity that receives federal financial assistance. From its inception this law has provided basic civil rights to individuals with handicaps. Section 504 states that " no otherwise qualified handicapped individual in the United States shall, solely by reason of his or her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." To be protected under this act, an individual must meet the definition of handicapped stated within this law as follows: " Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record as having such an impairment, or is regarded as having such an impairment." As is evident this act defines handicapped even more broadly than does The Individual with Disabilities Education Act.

Finally, The Americans with Disabilities Act of 1990 address the rights of individuals with disabilities by extending to these individuals protection similar to those provided to individuals on the basis of race, sex, national origin, and religion. In short, it follows suit with Section 504 by guaranteeing equal opportunity for individual with disabilities. With these various law in mind, it seems evident that individuals with intellectual disabilities must be granted the same rights provided to nondisabled people. Among these rights are the rights to relationships, dating, marriage, sex, child bearing, and most importantly the right to be instructed about one's sexuality.

It is this appropriate instruction that will enable the individual with intellectual disabilities to experience sexuality in their lives to its fulfillment. It is not simply a right of these individuals, it is a moral obligation of those who are entrusted with their care to provided this basic right to them. Involved adults within the life of the individual with intellectual disabilities have the greatest impact and influence on that individual during those years in which his or her sexuality is developing. The complex belief systems of these involved adults who are charged with the care and education of the individual with intellectual disabilities must be examined to provide an understanding of those factors that are inhibitors to accepting the developing sexuality of the adolescent with intellectual disabilities. With adequate understanding of these factors and belief systems it will

become possible to investigate potential methods designed to eliminate the resistance of involved adults to accepting the sexuality of individuals with intellectual disabilities and to providing the needed sex education. This understanding will also help to propagate an atmosphere which may assure that the inherited human rights of the individual with intellectual disabilities will not be violated.

The potential that individual with intellectual disabilities will experience sexuality, sexual development and sexual experimentation and that involved adults affect the this possibility formed the conceptual basis for this study. The purpose of this investigation was to describe the nature of the perceptions of involved adults concerning sex education for the individual with intellectual disabilities. The function of this research required a evaluation of the opinions of involved adults concerning the sexuality of individuals with intellectual disabilities and the sex education that should be provided to the individual with intellectual disabilities. Therefore, the research questions for this study were: (1)What is the nature of the beliefs of involved adults concerning the sexuality of individuals with intellectual disabilities? and (2) What is the nature of the beliefs of involved adults concerning sex education for individuals with intellectual disabilities.

## Methodology

The study of perceptions and beliefs of adults concerning the sex education for individuals with intellectual disabilities was a highly subjective undertaking. It was necessary, therefore, to choose a method that allows for the systematic review of subjective opinions of those persons involved in the care and education of individuals with intellectual disabilities. Q methodology was chosen because of its unique abilities to meet this criterion. According to Bogdan and Biklen (1982), qualitative methodology determines the subjective aspects of human behavior by design. This method combines qualitative strategies with quantitative and qualitative analysis to allow the articulation of various opinions about any concern (Brown, 1980, 1996). Stephen (1980) represented this ability of systematically reviewing subjective opinions by stating that Q methodology is "especially relevant for the communication scientists whose research assesses the perceptual world of individuals" (p. 204). Stephenson (1953) explains further the Q methodology is misunderstood as simply a technique involving Q sorting; it is a fundamental body of theory for a scientific approach to subjectivity.

Q method, developed by Stephenson (1935, 1953), is designed to assist in the ordered examination of human subjectivity and focuses on a rank ordering procedure in which respondents order statements of potential opinion according to their perceptions and beliefs. The respondents order the statements according to specific criteria or conditions of interest in terms of value, such as "most like me" and "most unlike me." These ordered responses are a Q sort. After the items are ordered according to the respondent's perceptions or beliefs, the Q sort data are correlated and factor analyzed producing differing factor groups. Individuals who have responded in a similar manner and clustered together statistically on a particular factor define each factor group. Each factor becomes the representation of a specific belief system or opinion. To provide an understanding of the commonly shared opinions and beliefs represented by each factor group the responses of each factor group are interpreted.

Research Instrument

For this study a Q sort with a concourse of 36 items was developed to reflect potential opinions of professionals who provide direct care to, or have administrative responsibility of, individuals with intellectual disabilities. The Q sort was also designed to represent potential beliefs of parents and other family members of individuals with intellectual disabilities. A hybrid method (Mckeown & Thomas, 1988) of concourse development was used by combining items that emerged from relevant literature and items that emerged from people who are similar to the study subjects. The similarity criteria assumes a representation of various ideas about the concern of sex education for the individuals with intellectual disabilities.

Phase one of the concourse development involved a thorough review of literature from various professional fields of service. The reviewed literature represented areas such as psychology, medicine, nursing care, education, and religion. In addition, related materials from newsletters, newspapers, editorials, and reader responses were examined to gather less formally presented opinions and beliefs. From this review a set of items was drawn for further review. For phase two of the concourse development, a group of individuals currently working in the field of special education and adult care for persons with disabilities was asked to review the concourse of items. After their review, the readers contributed any ideas or beliefs that would better represent their understanding concerning sex education for individuals with intellectual disabilities.

Interviews were then conducted with a small group of those who responded to ensure understanding and clarity of responses. Phase three comprised analyzing the responses and interview field notes from the interviews with the item reviewers. Based on the analysis, items were discarded or changed and additional items added because of the frequency of comments from the reviewers.

Participants and Procedures

Forty individuals who met the criteria of people who provide direct care or instruction to individuals with intellectual disabilities completed the 36 item Q sort. Participants in this study were selected by the logic of "theoretical sampling" (Glaser & Strauss, 1967) rather than statistical sampling theory. This approach emphasizes selection of participants because they possess some specific characteristic of substantive concern to the focus of the study, and not because of their representativeness of some larger group. Efforts were made to get a broad range of professionals who potentially influence the decisions made for individuals with intellectual disabilities.

Potential subjects were contacted by letter for possible participation in the study. With the subjects' permission the Q sort was administered with clearly written and oral instructions from the researcher in a one-on-one setting. The condition of instruction was: What are your beliefs concerning sex education for individuals with intellectual disabilities? All Q sort items were placed on separate cards stacked in random order. The respondents were asked to situate these items on the developed Q sort form board to represent appropriately their indications of "most like my beliefs" and "most unlike my beliefs." In addition, follow up interviews were conducted with subjects representative of each resulting factor group for full understanding of the perspectives in the varying groups. The information gathered was used to assist in the interpretation of resulting factor groups.

Data Analysis

The construction of the Q sort is based on hybrid data (McKeown & Thomas, 1988). That is, some items came from a thorough review of the literature and some were comments of beliefs stated by people who worked with individuals with intellectual disabilities. The data were gathered from each Q sort facilitating the Q-methodological analysis. Data were coded according to the

corresponding placement on the Q sort form board with a +4 to -4 range for the nine possible positions. For example, if an item was placed in column 9 of the form board, it was given the value of -4 and, if an item was placed in column 1, its value would be +4, and column 5 was represented by 0, etc. The values ranged from -4 to +4 with -4 representing "most unlike my beliefs" and +4 representing "most like my beliefs."

Each participant's responses were recorded by the researcher and all responses were compiled, factor analyzed, and rotated by varimax rotation using pcq factor analysis programs for Q-Technique (Stricklin, 1987). A level of .45 was set as the criteria for significance. Data subjected to analysis were correlated and factor analyzed by centroid method. Brown (1971) has demonstrated that it makes no difference whether the coefficients in the correlation matrix are Pearson's *r* or Spearman's *rho*. Likewise there is little difference if the factoring is accomplished through principal components or centroid method. Several attempts using judgmental rotations failed to fit the data. The varimax rotation solution emerged as the best fit. Varimax rotation appeared to provide the best "fit" for the data. The best conceptual fit for this study of beliefs concerning sex education for individuals with intellectual disabilities was a four factor solution. The factor structure was used to develop factor scores producing a factor array, or theoretical Q sort for each factor.

## Results

An examination of the individual items from each theoretical Q-sort provides the basis for interpretation of the system of beliefs or opinions concerning sex education for individuals with intellectual disabilities. These factor arrays represent the combination of like people responses with specific individual differences removed. Three types of items were considered for each factor to assist in understanding the common beliefs or attitudes the factor represents. The first items of consideration were items that distinguish one factor from all other factors. These were items the factor sorted at least three columns away from the other factors in the Q-sort array. The second group of items contained the individual item responses for each factor. Finally, the items that all factors agreed upon were considered.

The goal of interpretation with Q data is to understand what beliefs the Q factor array represents. With this study in mind, where there are numerous subjects, the Q factors represent

operant combinations of opinions or common beliefs and attitudes with the differences in persons accounted for or removed. In other words, the Q factor array becomes the representation of shared beliefs for the factor group. For example, one subject within a factor may have sorted a particular item to suggest an extreme opinion. While this is part of the belief system for that individual, it is not important for the remaining members of the factor group. This extreme opinion would not become a part of the factor's representative beliefs, because it represents a difference in the personality for that single member alone and not the Q factor group. In this way only shared views are apparent in each factor.

In the present study there were several areas of information available to assist in the interpretation of the given factors. Each factor's sort was a main source of information along with discriminating items and consensus items. Examination of the category of items in the extreme areas of the Q-sort showed categories of concern for each factor. Demographic data including type of involvement with individuals with intellectual disabilities and educational level were also considered for each factor. Any comments about the extreme statements or the process of sorting the statements made during the administrating of the Q sort was considered as well. The source of each item in the Q sort, including literature review and items added by individuals who reviewed the initial set of items, was an area for consideration. Finally, depth interviews with persons who loaded high on the given factors provided information included in the interpretation process.

Four dissimilar factors emerged from the results of this study. Each factor represents the belief system or opinions of the respondents in that group concerning sex education for individuals with intellectual disabilities. Each item sorted by the individuals in this study gained meaning because it became a collection of self referent statements of belief. Each Q sort array is seen as the self referent system of beliefs for the factor group concerning the topic of discussion. The sort for each factor group represents operant combinations of opinions or common beliefs with the individual personality manifestations removed. In this way the identified Q sort for each factor becomes the self referent system of beliefs for the group.

Normalization Advocates is the best description for factor A. The representative respondents in this factor can be described as strong supporters of human rights for the individual with intellectual disabilities. They believe it is important to instruct this population concerning sex education and the moral implications of participating in sexual activities. In addition, individuals

with intellectual disabilities should be allowed to marry and have children, if they have been adequately trained in this area. This factor group also demonstrated absolute opposition to sterilization of individuals with intellectual disabilities for the purpose of controlling sexual behaviors and possible outcomes. The extreme statements of belief for factor A are summarized in Table 1.

Table 1
Belief Statements from Factor A

| Value | "Most Like My Belief" |
|---|---|
| +4 | Moral considerations about sexual behavior should be discussed with the individual with intellectual disabilities. |
| +4 | Adults with intellectual disabilities should have full human and legal rights. |
| +3 | Sex education could make individuals with intellectual disabilities aware of dangers, and help them protect themselves. |
| +3 | It is unfair to prevent individuals with intellectual disabilities from having children. |
| +3 | Everyone who can understand sex education should be instructed. |
| +3 | I believe sex outside of marriage is wrong even for individuals with intellectual disabilities. |
| +2 | Sex education may confuse and mislead individuals with intellectual disabilities. |
| +2 | Individual with intellectual disabilities should be taught that sex is an essential part of life. |
| +2 | I believe individual with intellectual disabilities should be taught how to take care of their sexual needs. |
| +2 | It is unfair to prevent individuals with intellectual disabilities from participating in sexual activities. |
| **Value** | **"Most Unlike My Belief"** |
| -4 | The individual with intellectual disabilities should be taught about sex and then sterilized to prevent pregnancy. |
| -4 | Homosexuality should be discussed in a way that does not make it seem morally wrong. |
| -3 | As a tax paying citizen I believe individuals with intellectual disabilities should be sterilized to prevent them from having children. |
| -3 | Sterilization should be used because it alleviates problems for the individual with intellectual disabilities and their parents. |
| -3 | Individuals with intellectual disabilities should not be allowed to have children unless there is a guarantee these children will be absolutely normal. |
| -3 | Individuals with intellectual disabilities should not get married. They can not understand what goes into a relationship of this kind. |
| -2 | The best way to deal with the sexual behaviors of individuals with intellectual disabilities is to ignore them. |
| -2 | If sex education emphasized pregnancy prevention, we would not have as many people with intellectual disabilities. |
| -2 | Individual with intellectual disabilities should not be taught about their sexual body parts. |
| -2 | Dating among individuals with intellectual disabilities should not be encouraged. |

Factor B is most appropriately titled Supporters of Abstinence. The typical respondent in this factor can be described as an ardent supporter of sex education for the individual with intellectual disabilities. The supporters of Abstinence believe this education to be important because it can protect these people from possible abuse. They do not support sex outside of marriage and they believe individuals with intellectual disabilities are incapable of successfully participating in marital relationships. Like factor A respondents this group can be considered strongly anti-sterilization. The extreme statements of belief for factor B are summarized in Table 2.

Factor C respondents are clearly Responsibility and Control Proponents and most accurately described as such. Similar to factor B respondents factor C showed strong favoritism toward educating individuals with intellectual disabilities concerning sex. However, in contrast the Responsibility and Control Proponents also supported extensive birth control measures. These birth control measures could even be as extreme as sterilization to prevent births of offspring among individuals with intellectual disabilities. The extreme statements of belief for factor C are summarized in Table 3.

Factor D respondents would embrace the name of Humanistic Stalwarts. They can be described as being the strongest supporters of human rights for the individual with intellectual disabilities. They contend that it is the right of all who can understand to be instructed concerning sex education including birth control methods. Furthermore, individuals with intellectual disabilities should be allowed to participate in sexual activities and marriage with procreation if desired. The extreme statements of belief for factor D are summarized in Table 4.

The consensus items resulting from this study indicate that the majority of participants agree on several issues dealing with sex education for individuals with intellectual disabilities. All factors agreed that sex education should include discussion about the morality of sexual activity. The overall direction was a concern for a basic understanding of appropriate interactions between consenting adults. In addition, all factors agreed that sex education should be provided to any person who can understand. It appears the main intent is to provide the necessary information that allows individuals with intellectual disabilities to protect themselves from potential abuse.

Table 2
Belief Statements from Factor B

| Value | "Most Like My Belief" |
|---|---|
| +4 | Moral considerations about sexual behavior should be discussed with the individual with intellectual disabilities. |
| +4 | I believe sex outside of marriage is wrong even for individuals with intellectual disabilities. |
| +3 | Adults with intellectual disabilities should have full human and legal rights. |
| +3 | Teachers should not interject their own values into sex education. |
| +3 | Everyone who can understand sex education should be instructed. |
| +3 | Birth control methods should be stressed in sex education for individuals with intellectual disabilities. |
| +2 | Sex education could make individuals with intellectual disabilities aware of dangers, and help them protect themselves. |
| +2 | Sex education for individuals with intellectual disabilities starts more problems than it prevents. |
| +2 | Sex education may be a disaster for those who have been sheltered. |
| +2 | Individuals with intellectual disabilities should not get married. They can not understand what goes into a relationship of this kind. |
| **Value** | **"Most Unlike My Belief"** |
| -4 | Homosexuality should be discussed in a way that does not make it seem morally wrong. |
| -4 | Individual with intellectual disabilities should be taught that sex is an essential part of life. |
| -3 | The best way to deal with the sexual behaviors of individuals with intellectual disabilities is to ignore them. |
| -3 | As a tax paying citizen I believe individuals with intellectual disabilities should be sterilized to prevent them from having children. |
| -3 | If sex education emphasized pregnancy prevention, we would not have as many people with intellectual disabilities. |
| -3 | Sterilization should be used because it alleviates problems for the individual with intellectual disabilities and their parents. |
| -2 | Individual with intellectual disabilities should not be taught about their sexual body parts. |
| -2 | The individual with intellectual disabilities should be taught about sex and then sterilized to prevent pregnancy. |
| -2 | Individuals with intellectual disabilities should be protected from discussions concerning sex. |
| -2 | ndividuals with intellectual disabilities should be taught what makes their bodies feel good. |

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Table 3
Belief Statements from Factor C

| Value | "Most Like My Belief" |
|---|---|
| +4 | Moral considerations about sexual behavior should be discussed with the individual with intellectual disabilities. |
| +4 | I believe sex outside of marriage is wrong even for individuals with intellectual disabilities. |
| +3 | Birth control methods should be stressed in sex education for individuals with intellectual disabilities. |
| +3 | Sex education could make individuals with intellectual disabilities aware of dangers, and help them protect themselves. |
| +3 | Everyone who can understand sex education should be instructed. |
| +3 | Marriage among individuals with intellectual disabilities could be successful it there were no children. |
| +2 | Adults with intellectual disabilities should have full human and legal rights. |
| +2 | Sterilization should be used because it alleviates problems for the individual with intellectual disabilities and their parents. |
| +2 | It is especially important that girls with intellectual disabilities receive sex education. |
| +2 | I believe individual with intellectual disabilities should be taught how to take care of their sexual needs. |
| **Value** | **"Most Unlike My Belief"** |
| -4 | Homosexuality should be discussed in a way that does not make it seem morally wrong. |
| -4 | Individual with intellectual disabilities should not be taught about their sexual body parts. |
| -3 | If closely supervised, the individual with intellectual disabilities does not need sex education. |
| -3 | The best way to deal with the sexual behaviors of individuals with intellectual disabilities is to ignore them. |
| -3 | Discussion of AIDS and other sexually transmitted diseases will only serve to scare individuals with intellectual disabilities. |
| -3 | Sex education should only be discussed when problems arise. |
| -2 | Individuals with intellectual disabilities should be protected from discussions concerning sex. |
| -2 | Sex education for individuals with intellectual disabilities starts more problems than it prevents. |
| -2 | Individuals with intellectual disabilities should not get married. They can not understand what goes into a relationship of this kind. |
| -2 | Dating among individuals with intellectual disabilities should not be encouraged. |

Table 4
Belief Statements from Factor D

| Value | "Most Like My Belief" |
|---|---|
| +4 | Adults with intellectual disabilities should have full human and legal rights. |
| +4 | Everyone who can understand sex education should be instructed. |
| +3 | Sex education could make individuals with intellectual disabilities aware of dangers, and help them protect themselves. |
| +3 | Moral considerations about sexual behavior should be discussed with the individual with intellectual disabilities. |
| +3 | Birth control methods should be stressed in sex education for individuals with intellectual disabilities. |
| +3 | Teachers should not interject their own values into sex education. |
| +2 | It is unfair to prevent individuals with intellectual disabilities from participating in sexual activities. |
| +2 | It is especially important that girls with intellectual disabilities receive sex education. |
| +2 | It is unfair to prevent individuals with intellectual disabilities from having children. |
| +2 | Marriage among individuals with intellectual disabilities could be successful it there were no children. |
| **Value** | **"Most Unlike My Belief"** |
| -4 | As a tax paying citizen I believe individuals with intellectual disabilities should be sterilized to prevent them from having children. |
| -4 | If closely supervised, the individual with intellectual disabilities does not need sex education. |
| -3 | Individual with intellectual disabilities should not be taught about their sexual body parts. |
| -3 | Sterilization should be used because it alleviates problems for the individual with intellectual disabilities and their parents. |
| -3 | Sex education for individuals with intellectual disabilities starts more problems than it prevents. |
| -3 | Individuals with intellectual disabilities should be protected from discussions concerning sex. |
| -2 | The individual with intellectual disabilities should be taught about sex and then sterilized to prevent pregnancy. |
| -2 | Individuals with intellectual disabilities should not get married. They can not understand what goes into a relationship of this kind. |
| -2 | Sex education should only be discussed when problems arise. |
| -2 | If sex education emphasized pregnancy prevention, we would not have as many people with intellectual disabilities. |

Table 5
Belief Statements from all Factors

| Factor Value | | | | Consensus Items |
|---|---|---|---|---|
| A | B | C | D | |
| +4 | +4 | +4 | +3 | Moral considerations about sexual behavior should be discussed with the individual with intellectual disabilities. |
| +3 | +3 | +3 | +4 | Everyone who can understand sex education should be instructed. |
| +3 | +2 | +3 | +3 | Sex education could make individuals with intellectual disabilities aware of dangers, and help them protect themselves. |
| 0 | 0 | -1 | 0 | Individuals with intellectual disabilities should be shielded from situations that awaken desires. |
| 0 | -1 | 0 | 0 | One thing that bothers me is the lack of modesty with individuals with intellectual disabilities. |
| 0 | 0 | -1 | -1 | Petting and "making out" should not be discussed, it only gives individuals with intellectual disabilities ideas. |

## Discussion

The four dissimilar factors that emerged from the results of this study represent the belief systems or opinions of the respondents in each group concerning sex education for individuals with intellectual disabilities. These belief systems may influence the direction of the treatment and education provided to the individual with intellectual disabilities. The four views of sex education and disability represent different beliefs about the skills, behaviors, potential, and needs of the individuals with intellectual disabilities. Each group possessed its own particular characteristic viewpoints toward the individual with intellectual disabilities. It is from their respective viewpoints they attempt to provide the needed care and education to the people in their charge. Under the tutelage of the parents, caregivers and educators individuals with intellectual disabilities are prepared for their adult lives. The importance of the type of education and treatment they receive is obvious. This education affects every aspect of their lives.

The information gained from this study may be useful in several ways. These results could be used by employers, parents, caregivers, educators, and clients to simplify communication and mutual understanding. Better understanding about specific belief systems and more efficient communication can enhance the care and education delivered to individuals with intellectual disabilities. Employers and agencies responsible for the provision of education for individuals

with intellectual disabilities could utilize information about the opinions and belief systems of their employees to create staff development and training procedures. Training procedures developed with this information could emphasize the positive aspects of the opinions and teach methods to overcome any negative outcomes of specific beliefs. In addition, the communication between employers and employees could be greatly enhanced with an understanding of the beliefs held by each. Parents and educators could utilize the information from this study to gain an understanding of their perceptions and beliefs about sex education for individuals with intellectual disabilities. An understanding of their feelings allows caregivers and educators to react to individuals under their care in a professional manner even when the situation may challenge their personal beliefs. For the working professional, communication also could be enhanced with an understanding of commonly held beliefs and opinions. The understanding of other's beliefs could provide a frame of reference under which communication can proceed with parents, teachers, and the individual with intellectual disabilities. The benefit to individuals with intellectual disabilities would be more informed parents and educators.

Recommendations

In response to the findings of this study, several areas of interest have arisen. The focus of this study has been the beliefs concerning sex education for individuals with intellectual disabilities held by adults who are involved in the lives of these individuals. The results have suggested four generally held belief systems. How these beliefs affect the education provided to the individual with mental retardation has not been specifically addressed. Further research needs to entail an investigation of the types of education provided to the individual with intellectual disabilities by the different represented belief system holders. Each belief system resulting from this study contained qualitatively different ways of viewing sex education for individual with intellectual disabilities.

Additional investigations should address that nature of the beliefs held by the individual with intellectual disabilities. Do these beliefs equate to the types of beliefs held by their parents and caregivers? How do individuals with intellectual disabilities view sex education and for their peers, both individuals with intellectual disabilities and individuals without disabilities? And how do individuals with intellectual disabilities view their own sexual development and sex education needs?

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